

# OUHSC Food and Beverage Exemption Request

**DATE :** \_\_\_\_\_

**TO :** **Gary Raskob, PhD**, Senior Vice President and Provost, OUHSC  
**Ken Rowe, CPA**, Vice President for Administration and Finance  
**Jill Raines, JD**, Vice Provost, Health Sciences Administration  
[OfficeoftheProvost@ouhsc.edu](mailto:OfficeoftheProvost@ouhsc.edu)

**FROM :** \_\_\_\_\_

Allowable Amounts					
Type of Meal	Breakfast	Lunch	Dinner	Reception	TOTAL
<b>Per Person Limit</b>	<b>\$25.00</b>	<b>\$40.00</b>	<b>\$100.00</b>	<b>\$25.00</b>	
Total Amount Paid *					
Number of people attending <i>(list names below)</i>					
Cost per person					
Amount over the limit per person					
Total amount over the limit					
Percentage over the limit					
Chartfield spread use for payment					

*\*Include Gratuity and any Tax*

**Date of the Event:** \_\_\_\_\_

**Place of the Event:** \_\_\_\_\_

**Type of Event:**

<input type="checkbox"/> Recruiting Meals	<input type="checkbox"/> Retirement Functions
<input type="checkbox"/> Business Meals	<input type="checkbox"/> Recognition/Appreciation Functions
<input type="checkbox"/> Working Meals	<input type="checkbox"/> Courtesy Refreshments
<input type="checkbox"/> Student Meals	<input type="checkbox"/> Patients and Research Subjects
<input type="checkbox"/> Other, please explain _____	

**Purpose and Outcomes of the Event:** (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Full Names of Meeting Attendees:** (If less than 10 people, please provide the list of names below)

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

**APPROVE**
                         
  **DENY**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_